

to evaluate the quality of managed care services. (7) Providing assistance to the Division of Medical Services in evaluation and data needs as resources permit.

III RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse DOH the Title XIX federal share of actual and reasonable costs for services provided by staff based upon a time-accounting system; expense and equipment and necessary administrative costs (including CPU costs) to collect data, disseminate information, and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.
2. Reimburse DOH the Title XIX federal share of actual and reasonable costs incurred from EDP for their provision of data necessary for the research activities.
3. Meet and consult on a regular basis, at last twice a year, with DOH on issues related to this agreement.

DOH agrees to:

1. Provide research, information systems, and support staff to fulfill terms of this agreement.
2. Account for the activities of the staff employed under this agreement in accordance with the provisions of OMB circular A87 and 45 CFR part 74 and 95.
3. Provide as requested by the state Medicaid agency the information necessary to request Federal funds available under the State Medicaid match rate. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the executive officer of the Department of Health.

State Plan TN# 94-33
Supersedes TN# 93-14

Effective Date July 1 1994
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4. Return to DSS any federal funds which are deferred, and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of DOH.
5. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance, coordination, and quality assurance activities authorized under this agreement.
6. Meet and consult on a regular basis, at least twice a year, with DSS on issues arising out of this agreement. At least annually evaluate the policies, duties and responsibilities of each agency as they pertain to this agreement. Make arrangements for periodic review of the agreement and for joint planning for changes in the agreement.
7. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan to issue policies, rules and regulations on program matters.

IV

PERIOD OF PERFORMANCE/TERMINATION OF AGREEMENT

1. This agreement shall become effective ^{July 1, 1994} ~~upon signing~~ and shall be in force until canceled by either party.
2. This agreement may be canceled by either party with ninety (90) days prior written notice.

The parties hereto have signed this Cooperative Agreement on the date indicated.

Garland Land
Director, Division of Health Resources

7/14/94
Date

Queen W. Alian
Director, Department of Health

9/16/94
Date

Lucy Bailey for Donna Cheppitt
Director, Division of Medical Services

10/20/94
Date

S. E. J.
Director, Department of Social Services

November 8, 1994
Date

State Plan TN. 94-33

Effective Date July 1, 1994

Supersedes TN. 93-14

Approval Date 11/10/94

COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
THE DEPARTMENT OF HEALTH, Division of Maternal, Child and Family Health,
Bureau of Family Health

ADMINISTRATIVE CASE MANAGEMENT
HEALTHY CHILDREN AND YOUTH PROGRAM (HCY)

STATEMENT OF PURPOSE

The Missouri Departments of Social Services (DSS) and Health (DOH), in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) aka in the state as Healthy Children and Youth (HCY), hereby agree to the conditions included in this Cooperative Agreement. The provision of HCY (EPSDT) Administration by the Bureau of Special Health Care Needs has been determined to be an effective method of coordinating services and improving care associated with providing identified services beyond the scope of the state plan which are medically necessary and Medicaid coverable services.

The Department of Social Services, Division of Medical Services recognizes the unique relationship that the Bureau of Special Health Care Needs has with the medical community, and its expertise in case management, care plan development, service coordination, case planning, service identification, and monitoring. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with DOH for HCY (EPSDT) administration including Prior Authorization of services and technical assistance within the limits of this agreement.

The Department of Social Services, Division of Medical Services recognizes the Bureau of Special Health Care Needs as the most suitable agency to administer service coordination functions through HCY (EPSDT) administration for those children in need of Medicaid medically necessary services.

The Department of Social Services and the Department of Health enter into this Cooperative Agreement with full recognition of all other existing agreements between these respective Departments which are currently included in the Title XIX State Plan.

MUTUAL OBJECTIVES AND RESPECTIVE RESPONSIBILITIES

OBJECTIVES:

1. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
2. Assure that services are of sufficient amount, duration, and scope to responsibly achieve the stated purpose.
3. Establish a medical care home as defined in Section 9 of the General Chapters of the Medical Provider Manual, for those Medicaid eligible children receiving HCY (EPSDT) service coordination activities.
4. Assure services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through an HCY (EPSDT) screen. The services authorized will be determined by the medical necessity of the service and limitations of the HCY (EPSDT) program as defined by the Medicaid Manual. No service may be prior authorized that has been determined to be unsafe, ineffective or experimental.
5. Assure that all children requiring technical and/or nursing services are provided service coordination.
6. Assure that service coordination is available for all clients requiring service coordination as a result of substance abuse.

II RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse DOH the Title XIX federal share of actual and reasonable costs for HCY (EPSDT) Administration provided by staff based upon a time-accounting system which is in accordance with the revisions of OMB circular A87 and 45 CFR part 74 and 95; expense and equipment costs necessary to collect data, disseminate information, and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled Professional Medical Personnel and their supporting staff (compensation, travel, and training), will be reimbursed at 75% when the criteria of 42 CFR 432.50 are met. Changes in federal regulations affecting the matching percentage, and/or cost eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations. The reimbursement of the federal share shall be provided upon receipt of

quarterly financial statement certified by the Department of Health for eligible claims prepared in accordance with applicable federal regulations.

2. Reimburse DOH the Title XIX federal share of actual and reasonable costs for research services provided by staff based upon a time-accounting system; expense and equipment costs, necessary administrative (including CPU costs) to collect data, disseminate information, and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.
3. Reimburse DOH the Title XIX federal share of actual and reasonable costs incurred from EDP for their provision of data necessary for the coordination, identification, and effective case planning for the target population.
4. Provide DOH access to the information necessary to properly provide HCY (EPSDT) Administration and information regarding Medicaid eligibility.
5. Provide to DOH access to the information necessary to properly provide HCY (EPSDT) Administration.
6. Meet and consult on a regular basis, at least quarterly, with DOH on issues related to this agreement.

DOH agrees to

1. Employ all necessary and appropriate Administrative Staff, Nursing Staff, Speech Pathologists, Medical Social Workers, and other professional staff contingent on appropriation authority.
2. Employ administrative staff to provide technical assistance to the Medicaid Case Management providers.
3. Provide linkage of data systems for coordination, identification, and effective case planning for the target population. The goal of this linkage is to monitor utilization, access and evaluation of program integrity.
4. Aid and assist in the development of appropriate screening tools utilized in the HCY screening.
5. Provide HCY (EPSDT) Administration as an agent for the Department of Social Services to assess the necessity for adequacy of medical care, services provided, and act as liaison with multiple disciplines regarding the medical aspects of the program. Activities include:

- A. OUTREACH ACTIVITIES: Will assist in identifying possible Medicaid eligibles and referring them to the Division of Family Services for eligibility determination
 - B. SERVICE COORDINATION: Assistance will be provided to the clients/families in establishing a medical care home as defined in Section 9 of the general chapter of the Missouri State Medical Program, and making appointments for:
 - 1) Appropriate primary care and screening services or,
 - 2) Evaluations and treatment services identified as medically necessary and prior authorized, or both;
 - C. SERVICE (CASE) PLANNING: This activity includes the development of interdisciplinary/multidisciplinary teams and plans for coordinating medical services required for the child;
 - D. SERVICE IDENTIFICATION: This may take place within the case planning conference. From the evaluations and case plan narrative, and with deference to the wishes of the client/family, the administrative case manager identifies the kind, amount, intensity, and duration of services which are required to meet case plan goals. This activity may also include identifying for the client/family all the potential providers of service and documenting the choices which are made;
 - E. PRIOR AUTHORIZATION: This includes the prior authorization of medically necessary "Healthy Children and Youth" only services. These services are those which are only covered through the HCY (EPSDT) program including but not limited to, private duty nursing, and personal care (including advanced) service, HCY case management, and home health skilled nurse and aides visits.
 - F. SERVICE MONITORING: This would include reviewing the service plan and any necessary documentation required to identify the clients progress. Service Monitoring includes assurance of identification, planning, and implementation of the services and service coordination.
 - G. CASE CLOSURE, REFERRAL, AND REALIGNMENT OF SERVICE PLAN:
These services include the assurance that;
 - 1) BSHCN will act as a liaison in the due process for the recipient and his family and
 - 2) that the child will be maintained by a primary health care provider who will aid the family/child in accessing services if further need for evaluation or treatment services are identified.
6. Account for the activities of the staff employed under this agreement in accordance with the provisions of OMB circular A87 and 45 CFR part 74 and 95.

7. Provide as requested by the State Medicaid Agency the information necessary to request Federal funds available under the State Medicaid match rate. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the Executive Officer of the Department of Health.
8. Return to DSS any federal funds which are deferred, and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of DOH.
9. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance, and coordination.
10. DOH will seek General Revenue appropriations to provide the federal matching share for those HCY (EPSDT) services provided to Bureau clients.
11. Meet and consult on a regular basis, at least quarterly, with DSS on issues arising out of this agreement.
12. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan to issue policies, rules and regulations on program matters including the review and approval by the Division of Medical Services of all printed material developed by the Department of Health to fulfill this agreement.

III PROGRAM DESCRIPTION

HCY (EPSDT) administration are activities for the efficient operation of the state plan. These activities are in the nature of aiding the potential HCY (EPSDT) eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, the establishment of a health care home, the development of a service plan, follow through on that treatment plan and aid the family in becoming able to meet their child's needs in such a way that they are able to function at an optimal level with less intervention.

HCY (EPSDT) administration is committed to the least restrictive method of treatment for children and will maintain this as a priority.

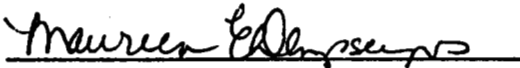
IV
PROGRAM EVALUATION PLAN

A task force consisting of the Directors of the DSS/DOH or their designees and an equal number of other persons from their respective divisions chosen by the Directors shall meet at least quarterly for the purpose of program development, review, and evaluation to discuss problems and to develop recommendations to improve programs for better and expanded services to eligible individuals. These activities shall include consideration of:


1. The evaluation of policies, duties and responsibilities of each agency;
2. Arrangements for periodic review of the agreements and for joint planning for changes in the agreements; and
3. Arrangements for continuous liaison between the Divisions and Departments and designated staff responsibility for liaison activities at both the state and local levels.

TERMS OF THIS AGREEMENT

The period of this Cooperative Agreement shall be from July 1, 1997 and remain in effect until canceled by one or both parties. This agreement may be canceled at any time, upon agreement of both parties or by either party after giving thirty (30) days prior notice in writing to the other party, provided, however that financial arrangement(s) pertaining to this agreement shall remain in effect and reimbursement shall be made for the period when the contract is in full force and effect. This agreement may be modified at any time by the written agreement of both parties.


Maureen E. Dempsey, M.D.
Director Department of Health

9/11/97
Date


Gary J. Stangler
Director Department of Social Services

9-26-97
Date

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
The Independence School District**

**EPSDT ADMINISTRATIVE CASE MANAGEMENT through the
HEALTHY CHILDREN AND YOUTH PROGRAM (EPSDT)**

STATEMENT OF PURPOSE

The Missouri Department of Social Services (DSS) through its Division of Medical Services (DMS) and the Independence School District, in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis and Treatment (EPSDT) aka in the state as Healthy Children and Youth, hereby agree to the conditions included in the Cooperative Agreement. The provision of EPSDT/HCY Administrative Case Management by the Independence School District has been determined to be an effective method of assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children residing within the boundaries of the Independence School District.

The Department of Social Services, Division of Medical Services recognizes the unique relationship that the Independence School District has with EPSDT/HCY eligible clients and their families. It further recognizes the expertise of the Independence School District in identifying and assessing the health care needs of EPSDT eligible clients and in planning, coordinating and monitoring the delivery of preventative and treatment services to meet their needs. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with the Independence School District for EPSDT Administrative Case Management.

The Department of Social Services, Division of Medical Services recognizes the Independence School District as the most suitable agent to administer case planning and coordination through EPSDT Administrative Case Management for its EPSDT eligible clients and their families.

The Department of Social Services and the Independence School District enter into this Cooperative Agreement with full recognition of all other existing agreements which the Department may have developed for services to Title XIX eligible clients living within the Independence School District's boundaries and which are currently included in the Title XIX State Plan.

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**I
MUTUAL OBJECTIVES**

1. Assure that all Title XIX eligible clients under the age of 21 and their families are informed of the EPSDT/HCY benefit and how to access it.
2. Assure that assistance is provided to children and their families in determining their eligibility for participation in Missouri's Medicaid plan.
3. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
4. Establish a health care home as defined in Section 9 of the General Chapters of the Medicaid Provider Manual, for those Medicaid eligible children receiving EPSDT/HCY service coordination activities.
5. Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
6. Assure that services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen.
7. All terms of this Agreement and procedures are to adhere to OMB Circular A87.
8. Administrative claims under this agreement shall not duplicate other claims for Medicaid services or administrative activities.

**II
RESPECTIVE RESPONSIBILITIES**

DSS agrees to:

1. Reimburse the Independence School District the Title XIX federal share of actual and reasonable costs for EPSDT administration provided by staff based upon a time-accounting system which is in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95; expense and equipment costs necessary to collect data, disseminate information and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations application to Skilled Professional Medical Personnel

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